

Commonwealth of Massachusetts
Executive Office of Health and Human Services

834 Companion Guide
February 2006

Version 2.3



Companion Guide
834 Benefit Enrollment and Maintenance
For ASC X12N 834 (Version 4010A1)

Commonwealth of Massachusetts

Executive Office of Health and Human Services

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1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that MassHealth, and all other health insurance payers in the United States, comply with standard formats and code sets when electronically transmitting health care information. The ASC X12N 834 (004010X095A1) transaction is the established standard for benefit enrollment and maintenance.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 834 benefit enrollment and maintenance transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within the segments, and was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this implementation guide thoroughly and follow its requirements for downloading this HIPAA-compliant file from MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The implementation guides for X12N 834 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

This 834 Companion Guide was created for MassHealth trading partners to supplement the 834 Implementation Guide. It describes the data content, business rules, and characteristics of the 834 transaction that is created by MassHealth.

1.5 Intended Audience

The intended audience for this document is MassHealth managed care providers who receive enrollment information from MassHealth.

2.0 Technical Requirements

834 files created for the MassHealth trading partners have the same logical content, frequency, and availability schedule as the pre-HIPAA enrollment files. The following 834 files are available on the MassHealth Web site:

- the daily 834 file. The file name will be 834(D/W/M)_(DD/WW/MM).dat, where D indicates a daily file, W indicates a weekly file and M indicates a monthly file. DD is the day of the month (01-31), WW is the week (01-52) and MM is the month (01-12).
- the daily error report, which contains information on transactions that failed compliance and were not included in the daily 834 file (Managed Care Organizations [MCOs] and Behavioral Health trading partners). The file name is 834<D>_<dd>.err, where D indicates a daily file and dd is the two-digit day (01-31). Error files are posted on the MassHealth Web site.

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- the weekly error report, which contains information on transactions that failed compliance and were not included in the weekly 834 file (Behavioral Health, Senior Care Options (SCO) and Program of All-Inclusive Care for the Elderly (PACE)). The file name is 834<W>_<ww>.err. Error files are posted on the MassHealth Web site.
- The member fix file, which contains the full member history for members that failed HIPAA compliance on the previous delivery day (MCOs and Behavioral Health trading partners). The file name is _834F_<dd>.dat.

The daily 834 is created each weekday, Monday through Friday (holidays are not excluded) for MCOs and Behavioral Health trading partners. The weekly 834 is available on Thursday mornings (holidays are not excluded) for Behavioral Health, SCO, and PACE trading partners. The monthly 834 is available on the first calendar day of the month (holidays are not excluded) for MCO Trading partners.

1. 834 transactions adhere to the ASC X12N 834 (004010X095A1) format. The file is fixed length ASCII and contains no real numbers.
2. One 834 transaction has been created for each member. There are no dependents in any case.
3. Many optional fields contain no data. These fields have been populated with spaces or zeros.
4. All code values are in compliance with the HIPAA-compliant code sets unless otherwise stated in field-specific notes below. Local codes may be used where HIPAA code sets are unavailable.
5. Effective June 1, 2004, MassHealth has begun using the tilde (~) segment terminator on all outbound HIPAA-compliant transactions instead of a carriage return/line feed (CR/LF). HIPAA-compliant outbound transactions from MassHealth include the 820 health-care premium payment transactions, 834 benefit enrollment and maintenance transactions, 835 electronic remittance advice transactions, and 997 acknowledgements.

2.1 Support Contact Information

For questions about system support issues, please contact us by e-mail at syssupport@state.ma.us

For questions about 834s received through the MassHealth, please contact us at:

E-mail: providersupport@mahealth.net
Phone: 1-800-841-2900

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3.0 Detail Data

MassHealth recommends that special attention be paid to the following segments as they have already generated questions.

Loop	Segment		Element Name	Companion Information	
----	ISA	05	Interchange Sender ID Qualifier	<u>Code</u> 'ZZ'	<u>Definition</u> Mutually Defined
----	ISA	06	Interchange Sender ID	'DMA7384'	
----	ISA	07	Interchange ID Qualifier	<u>Code</u> 30'	<u>Definition</u> U.S. federal tax ID number
----	ISA	08	Interchange Receiver ID	Your U.S. Federal Tax ID number	
	GS	03	Application Receiver's Code	Your 7-digit MassHealth provider number	
2000	INS	01	Yes/No Condition or Response Code	Always reported as a 'Y' as all data will be reported at the Member level	
2000	INS	02	Individual Relationship Code	<u>Code</u> 18	<u>Definition</u> Self
2000	INS	03	Maintenance Type Code	<u>Code</u> 001 021 024 025 030	<u>Definition</u> Change to existing record Addition Cancellation or Termination Reinstatement Reconciliation File use for full replace files
2000	INS	04	Maintenance Reason Code	<u>Code</u> AI	<u>Definition</u> No Reason Given The MassHealth disenrollment reason code is provided in 2000 Loop in REF02
2000	INS	05	Benefit Status Code	<u>Code</u> A	<u>Definition</u> Active
2000	INS	08	Employment Status Code	<u>Code</u> FT	<u>Definition</u> Full-time enrollee in program
2000	REF	01	Reference Identification Qualifier	<u>Code</u> Q4 17 DX 3H ZZ 0F	<u>Definition</u> Prior Identifier Client Reporting Category Agency Number Case Number Mutually Defined Subscriber Number

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Loop	Segment	Element Name	Companion Information
			1L Policy Number
2000	REF	02 Reference Identification	<u>REF01 ID</u> <u>Definition</u> Q4 Old Recipient RHN 17 Member Aid Category DX Composite of LWO, HBM ID, and Recipient DMH Indicator 3H Recipient Case ID ZZ Recipient Disenroll Reason 0F Recipient History Number[RHN]/Recipient ID 1L Plan Type
2000	DTP	01 Date/Time Qualifier	<u>Code</u> <u>Definition</u> 356 Initial enrollment
2000	DTP	03 Date Time Period	Member Managed Care Enroll Date, if there is a Managed Care Enroll Date.
2100G	NM1	01 Entity Identifier Code	<u>Code</u> <u>Definition</u> QD Responsible Party
2300	HD	01 Maintenance Type Code	<u>Code</u> <u>Definition</u> 001 Change 002 Delete 021 Addition 024 Cancellation or Termination 025 Reinstatement 030 Audit or Compare (for reconciliation files only)
2300	HD	03 Insurance Line Code	<u>Code</u> <u>Definition</u> HMO Health Maintenance Organization AK Mental Health
2300	HD	05 Coverage Level Code	<u>Code</u> <u>Definition</u> IND Individual
2300	DTP	01 Date Time Qualifier	<u>Code</u> <u>Definition</u> 348 Benefits Begin 349 Benefits End

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Loop	Segment		Element Name	Companion Information				
2310	NM1	03	Name Last	In most cases, this field contains “MMIS TPL comments,” which identify PCC doctor or PCC site. For MCOs, if this enrollment is the result of a PCC conversion, this field contains provider last name or organization name.				
2310	NM1	04	Name First	If this is the result of a PCC conversion, this is provider first name if NM102 =1				
2310	NM1	05	Name Middle	If this is the result of a PCC conversion, this is provider middle name if NM102 =1				
2310	NM1	08	Identification Code Qualifier	If this is the result of a PCC conversion, <table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>SV</td><td>Service Provider Number</td></tr></table>	<u>Code</u>	<u>Definition</u>	SV	Service Provider Number
<u>Code</u>	<u>Definition</u>							
SV	Service Provider Number							
2310	NM1	09	Identification Code	If this is the result of a PCC conversion, this is MassHealth 7-digit provider number				
2310	NM1	10	Entity Relationship Code	If this is the result of a PCC conversion, <table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>25</td><td>Reestablished patient</td></tr></table>	<u>Code</u>	<u>Definition</u>	25	Reestablished patient
<u>Code</u>	<u>Definition</u>							
25	Reestablished patient							
2310	N4	01	City Name	If this is the result of a PCC conversion, city				
2310	N4	02	State	If this is the result of a PCC conversion, state				
2310	N4	03	Postal Code	If this is the result of a PCC conversion, zip code				
2310	PLA	05	Maintenance Reason Code	<table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>AI</td><td>No Reason Given</td></tr></table> The MassHealth disenrollment reason code is provided in 2000 Loop in REF02	<u>Code</u>	<u>Definition</u>	AI	No Reason Given
<u>Code</u>	<u>Definition</u>							
AI	No Reason Given							
2320	COB	01	Payer Responsibility Sequence Number Code	<table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>U</td><td>Unknown</td></tr></table>	<u>Code</u>	<u>Definition</u>	U	Unknown
<u>Code</u>	<u>Definition</u>							
U	Unknown							
2320	COB	02	Reference Identification	MMIS TPL Policy Number				
2320	COB	03	Coordination of Benefits Code	<table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>5</td><td>Unknown</td></tr></table>	<u>Code</u>	<u>Definition</u>	5	Unknown
<u>Code</u>	<u>Definition</u>							
5	Unknown							
2320	REF	01	Reference Identification Qualifier	<table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>ZZ</td><td>Mutually Defined</td></tr></table>	<u>Code</u>	<u>Definition</u>	ZZ	Mutually Defined
<u>Code</u>	<u>Definition</u>							
ZZ	Mutually Defined							
2320	REF	02	Reference Identification	MMIS TPL Carrier Code				
2320	N1	01	Entity Identifier Code	<table><tr><td><u>Code</u></td><td><u>Definition</u></td></tr><tr><td>IN</td><td>Insurer</td></tr></table>	<u>Code</u>	<u>Definition</u>	IN	Insurer
<u>Code</u>	<u>Definition</u>							
IN	Insurer							

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Loop	Segment		Element Name	Companion Information	
2320	N1	02	Name	MMIS TPL Carrier Name	
2320	DTP	01	Date Time Qualifier	<u>Code</u> 344 345	<u>Definition</u> COB Begin COB End
2320	DTP	02	Date Time Period Format Qualifier	<u>Code</u> D8	<u>Definition</u> CCYYMMDD
2320	DTP	03	Date Time Period	MMIS TPL Begin Date or MMIS TPL End Date	

4.0 Version Table

Version	Date	Section/Pages	Description
1.01	11/13/03		Document created
2.0	09/01/04	Section 2.0, Headers/Footers	Production version issued
2.1	06/22/05	Contact information updated	Production version issued
2.2	08/01/05	Sections 2.0, 2.1, 3.0 and Appendix A updated to reflect Secure File Delivery Application (SFDA) and contact information.	Production version issued
2.3	02/02/06	Section 1.0 was slightly reworded. Updates made to Section 2.0 to reflect customer web portal delivery and contract information. Update made to Section 3.0 to add Loop 2320 and coordination of benefits. The links in Appendix A, under Centers for Medicare and Medicaid Services (CMS), have been updated.	Production version issued

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Appendix A: Links to On-line HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Association for Electronic Health-care Transactions (AFEHCT)

- AFEHCT is a health-care association dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Healthcare Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/default.asp?fromhcfadotgov=true.
- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/MedHCPCSGenInfo/

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth

- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. www.mass.gov/masshealth.

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. www.nubc.org

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National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy.
www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa/

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admsimp/

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets.
www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org